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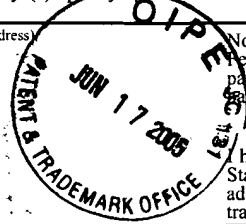
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7590 03/18/2005

W. Michael Dixon
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Jaime Newkirk	(Depositor's name)
<i>Jaime Newkirk</i>	(Signature)
13 June 2005	(Date)

06/20/2005 MBERHE1 00000044 040525 10767799

01 FC:1501 1400.00 DA	02 FC:1504 300.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,799	01/29/2004	Vern Richard Hoppes	16166-US	5559	

TITLE OF INVENTION: INFINITELY VARIABLE, ORDER SPECIFIC, HOLISTIC ASSEMBLY PROCESS CONTROL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS	06/20/2005 MBERHE1 00000044 10767799
GANDHI, JAYPRAKASH N	2125	700-109000	01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- 1 _____
- 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deere & Company

One John Deere Place Moline, IL 61265

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *W. Michael Dixon*

Date 13 June 2005

Typed or printed name W. Michael Dixon

Registration No. 37,815

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